			Chain of M	an Maniaa			
Submit 5 Copies Appropriate District Office DISTRICT I	E	inergy, Min		ew Mexico ural Resources Departm	ent		Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240	(	ວກ. ຕິດ	NSERVA	TION DIVISIO	N		at Bottom of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	,		P.O. Bo	ox 2088 exico 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		-					
[. 		O TFIANS	SPORT OIL	AND NATURAL G		PI No.	
Operator Texaco Producing Inc	2.					025-25017	
Address			·				· · · · · · · · · · · · · · · · · · ·
P.O. Box 730, Hobbs,	NM 88	240					11
Reason(s) for Filing (Check proper box) New Well		Change in Tra	nanoter of:				ble april 1
Recompletion	Oil		y Gas	Brushy Canyo Perfs7438-74			
Change in Operator	Casinghead	1 Gas [ Co	odensate				
f change of operator give name ad address of previous operator			<u> </u>				
I. DESCRIPTION OF WELL	AND LEA	SE	unde	esignated pela	whe		
Lease Name		Well No. Po	ol Name, Includi	ing Formation	Kinde	of Lease Federal or Fee	Lease No.
Federal Sand 18	3	1	<del>Jan Dunoc</del>	Bone Springe	Jean		NM0559539
Location	10	80 Fe		North	60 Fe		East Line
Unit LetterH	_ :19	<u>ou</u> Fe	at From The	North Line and6	<u> </u>	et From The	
Section 18 Townshi	ip 23	IS Ra	nge 3	2E , NMPM,		Lea	County
	ICDODTE			DALCAS			
II. DESIGNATION OF TRAN Name of Authonized Transporter of Oil		or Condensate		KAL GAS Address (Give address to w	hich approved	copy of this form	is to be sent)
Texaco Trading adn 1	X Iranspor			P.O. Box 5568 TA, Denver, CO 80217			
Name of Authorized Transporter of Casin			Dry Gas	Address (Give address to w	hich approved	copy of this form	i is to be sent)
	1				1 110		
If well produces oil or liquids, give location of tanks.	Unit     H	Sec.  Tv 18	23S 32E	Is gas actually connected? No	When	!	
f this production is commingled with that							* • • • • • • • • •
V. COMPLETION DATA					-,		
Designate Type of Completion	- 00	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Date Spudded		1 N. Ready to Pri	J >d.	Total Depth		P.B.T.D.	I
		-					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Forma	NIOB	Top Oil/Gas Pay		Tubing Depth	
Perforations		<u></u>				Depth Casing S	hoe
	T	UBING, CA	ASING AND	CEMENTING RECOR	2D	<u></u>	
HOLE SIZE	CAS			DEPTH SET		SACKS CEMENT	
	ST FOR A	LLOWAB	LE				
OIL WELL (Test must be after t	recovery of lo	tal volume of l	LE 22d oil and must	the equal to or exceed top al			full 24 hours.)
OIL WELL (Test must be after t	ST FOR A recovery of too Date of Tes	tal volume of l	LE vad oil and must	be equal to or exceed top all Producing Method (Flow, p			full 24 hours.)
OIL WELL (Test must be after : Date First New Oil Run To Tank	recovery of lo	tal volume of l st	LE pad oil c=d must				full 24 hours.)
OIL WELL (Test must be after : Date First New Oil Run To Tank	Date of Tes	tal volume of l st	LE vad oil c=d must	Producing Method (Flow, p Casing Pressure		(Choke Size	full 24 hours.)
OIL WELL (Test must be after i Date First New Oil Run To Tank Length of Test	Date of Tes	tal volume of l st	LE oad oil and must	Producing Method (Flow, p		(C.)	full 24 hours.)
OIL WELL (Test must be after i Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Tes Tubing Pres	tal volume of l st	LE oad oil and must	Producing Method (Flow, p Casing Pressure		(Choke Size	full 24 hours.)
OIL WELL (Test must be after i Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	recovery of too Date of Tes Tubing Pres Oil - Bbls.	st st ssure	LE oad oil and must	Producing Method (Flow, p Casing Pressure Water - Bbls.		(c.) Choke Size Gas- MCF	
OIL WELL (Test must be after i Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Tes Tubing Pres	st st ssure	LE oad oil c=d must	Producing Method (Flow, p Casing Pressure		(Choke Size	
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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Keijuest for allowable for newly differed of deepened wear must be accompanied by doubterior deviation destration as allowable on expension of the strategies of deepened wear must be filled out for allowable on new and recompleted wells.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.